S. No. 2
M—9-4-41
5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1943

318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12072

Registration District No.

Primary Registration District No. 1003

Registrar's No. 405-1 303 12 9 19

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4527 Forest Park Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4527 Forest Park Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Juliet Woodson Dudley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry C. Dudley

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased later (Month) (Day) 1858 (Year)

8. AGE: Years 85 Months Days If less than one day hr. min.

9. Birthplace St. Louis County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name William C. Woodson

13. Birthplace Prince Edward Co - (City, town, or county) Virginia (State or foreign country)

14. Maiden name Juliet Howard

15. Birthplace Unknown (City, town, or county) Maryland. (State or foreign country)

16. (a) Informant George F. Robinson

(b) Address 4527 Forest Park Blvd

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 5/3/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R.Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) Apr 30 1943 (Date received local registrar) (b) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th, year 1943. hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1943 to Apl. 30 1943 that I last saw him alive on 30th April 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Right antrum and Cheek External — Duration 12 month

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in ~~or about home,~~ on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. J. Yeoda (M. D. or other)

Address Barnes Hospital Date signed 4-30-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Verda.
Bernard Skin & Cancer Hosp.
JE-3621
HRS. - afternoon before 4 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.